

Name - Address - Employment Change & Duplication Request Form

**STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS AND
IT IS RETURNED TO THIS OFFICE.**

For name change, please include duplication of legal documentation. (Marriage License, Divorce Decree, or other legal papers).
RSA 328-F:21 Administrative Obligations of Licensees. I. Licensees shall maintain their current business and home addresses on file with their governing boards. Any changes in address shall be provided to the office **no later than 30 days** from the date of the change. II. Licensees shall notify their governing boards if licenses or other proof of licensure are lost or stolen.

General Information-Please print legibly.

Name _____ Social Security # _____

Profession _____ License # _____

Name Change (First, Middle, Last)

From _____

To _____

(Exact way your name is to appear)

Reason: Correction/Marriage/Divorce/Other - Explain _____

Address Change

New Address _____ Apt# _____

Physical location and PO Box for mailing if applicable

City _____ State _____ Zip _____

Home phone# _____ Effective Date _____

Employment Change

Employer Name _____

Address _____ Suite # _____

City _____ State _____ Zip _____

Work phone# _____ Effective Date _____

Replacement Wall Certificate

Fee- \$25 check made payable to "Treasurer-State of NH"

Replacement License Pocket Card

Fee - \$5.00 - make check made payable to "Treasurer-State of NH" ****No charge when making a name change.**

Signature of applicant

Date

Please fax or forward this form to: **Office of Licensed Allied Health Professionals**
2 Industrial Park Drive
Concord NH 03301
(603) 271-8389 fax (603) 271-6702